

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEET TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 840)**Complete If Known**

Application Number	09/464,528
Filing Date	December 15, 1999
First Named Inventor	Saverio Carl Falco et al.
Examiner Name	C. Collins
Group / Art Unit	1638
Attorney Docket No.	BB1205 US NA

RECEIVED
JAN 25 2002
TECH CENTER 1600
USPTO

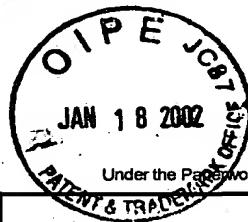
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																										
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 04-1928 Deposit Account Name E. I. du Pont de Nemours and Company																																																																																																																																																															
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account																																																																																																																																																															
Fee Calculation																																																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding-bottom: 5px;">1. BASIC FILING FEE</th> <th colspan="2" style="text-align: left; padding-bottom: 5px;">2. EXTRA CLAIM FEES</th> <th colspan="2" style="text-align: left; padding-bottom: 5px;">3. ADDITIONAL FEES</th> </tr> <tr> <th colspan="2" style="text-align: left; padding-bottom: 5px;">Large Entity</th> <th colspan="2" style="text-align: left; padding-bottom: 5px;">Small Entity</th> <th colspan="2" style="text-align: left; padding-bottom: 5px;">Large Entity</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>205</td> <td>65</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>227</td> <td>25</td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>139</td> <td>130</td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>147</td> <td>2,520</td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>112</td> <td>920*</td> </tr> <tr> <td colspan="4" style="text-align: right; padding-right: 20px;">SUBTOTAL (1)</td> <td colspan="2" style="text-align: right; padding-right: 20px;">(\$ 0)</td> </tr> <tr> <td colspan="2" style="text-align: left; padding-top: 10px;">Total Claims</td> <td style="text-align: center;">-20</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">X 18</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td colspan="2" style="text-align: left; padding-top: 5px;">Independent Claims</td> <td style="text-align: center;">-3</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">X 84</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td colspan="2" style="text-align: left; padding-top: 5px;">Multiple Dependent</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"></td> <td style="text-align: center;">X 280</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td colspan="2" style="text-align: left; padding-top: 10px;">Large Entity</td> <td colspan="2" style="text-align: left; padding-top: 10px;">Small Entity</td> <td colspan="2" style="text-align: left; padding-top: 10px;">Fee Description</td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Paid</td> <td>Fee Paid</td> </tr> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td colspan="2">Multiple dependent claim, if not paid</td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td colspan="2">** Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td colspan="2">** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right; padding-right: 20px;">SUBTOTAL (2)</td> <td colspan="2" style="text-align: right; padding-right: 20px;">(\$ 0)</td> </tr> <tr> <td colspan="10" style="text-align: center; padding-top: 10px;">*or number previously paid, if greater; For Reissues, see above</td> </tr> <tr> <td colspan="6" style="text-align: right; padding-right: 20px;">*Reduced by Basic Filing Fee Paid</td> <td colspan="4" style="text-align: right; padding-right: 20px;">SUBTOTAL (3)</td> </tr> <tr> <td colspan="6" style="text-align: right; padding-right: 20px;">(\$ 840)</td> <td colspan="4"></td> </tr> </tbody> </table>										1. BASIC FILING FEE		2. EXTRA CLAIM FEES		3. ADDITIONAL FEES		Large Entity		Small Entity		Large Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	740	201	370	205	65	106	330	206	165	227	25	107	510	207	255	139	130	108	740	208	370	147	2,520	114	160	214	80	112	920*	SUBTOTAL (1)				(\$ 0)		Total Claims		-20	= 0	X 18	= 0	Independent Claims		-3	= 0	X 84	= 0	Multiple Dependent		<input type="checkbox"/>		X 280	= 0	Large Entity		Small Entity		Fee Description		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid	Fee Paid	103	18	203	9	Claims in excess of 20		102	84	202	42	Independent claims in excess of 3		104	280	204	140	Multiple dependent claim, if not paid		109	84	209	42	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)				(\$ 0)		*or number previously paid, if greater; For Reissues, see above										*Reduced by Basic Filing Fee Paid						SUBTOTAL (3)				(\$ 840)									
1. BASIC FILING FEE		2. EXTRA CLAIM FEES		3. ADDITIONAL FEES																																																																																																																																																											
Large Entity		Small Entity		Large Entity																																																																																																																																																											
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																										
101	740	201	370	205	65																																																																																																																																																										
106	330	206	165	227	25																																																																																																																																																										
107	510	207	255	139	130																																																																																																																																																										
108	740	208	370	147	2,520																																																																																																																																																										
114	160	214	80	112	920*																																																																																																																																																										
SUBTOTAL (1)				(\$ 0)																																																																																																																																																											
Total Claims		-20	= 0	X 18	= 0																																																																																																																																																										
Independent Claims		-3	= 0	X 84	= 0																																																																																																																																																										
Multiple Dependent		<input type="checkbox"/>		X 280	= 0																																																																																																																																																										
Large Entity		Small Entity		Fee Description																																																																																																																																																											
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid	Fee Paid																																																																																																																																																										
103	18	203	9	Claims in excess of 20																																																																																																																																																											
102	84	202	42	Independent claims in excess of 3																																																																																																																																																											
104	280	204	140	Multiple dependent claim, if not paid																																																																																																																																																											
109	84	209	42	** Reissue independent claims over original patent																																																																																																																																																											
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																											
SUBTOTAL (2)				(\$ 0)																																																																																																																																																											
*or number previously paid, if greater; For Reissues, see above																																																																																																																																																															
*Reduced by Basic Filing Fee Paid						SUBTOTAL (3)																																																																																																																																																									
(\$ 840)																																																																																																																																																															
Other fee (specify) Three-month ext of time less monies paid for extension of time paid for response filed 12/4/01. (copy of two-month extension enclosed.)																																																																																																																																																															
520																																																																																																																																																															

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Lynne M. Christenbury	Registration No. Attorney/Agent	30,971	Telephone	302-992-5481
Signature	<i>Lynne M. Christenbury</i>				Date Jan 3, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/92 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

on January 3, 2002
Date

Lisa Z. Turner

Signature

LISA Z. TURNER

Type or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

09/464528
BB1205 US NA
NOTICE OF APPEAL
PETITION FOR EXTENSION OF TIME
FEE SHEET
COPY OF PETITION OF EXTENSION OF TIME FILED DECEMBER 4, 2001